```
=> file hcaplus
COST IN U.S. DOLLARS                                    SINCE FILE      TOTAL
                                                           ENTRY    SESSION
FULL ESTIMATED COST                                         1.68       1.68

FILE 'HCAPLUS' ENTERED AT 15:08:38 ON 19 OCT 2007
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2007 AMERICAN CHEMICAL SOCIETY (ACS)
```



```
FILE COVERS 1907 - 19 Oct 2007  VOL 147 ISS 18
FILE LAST UPDATED: 18 Oct 2007  (20071018/ED)

New CAS Information Use Policies, enter HELP USAGETERMS for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> s depression or depressive

         84652 DEPRESSION
          9071 DEPRESSIVE
L1       88583 DEPRESSION OR DEPRESSIVE

=> s (cognitive distortion) or (disordered(w)(thinking or cognition or reasoning))

         21700 COGNITIVE
         78728 DISTORTION
             1 COGNITIVE DISTORTION
               (COGNITIVE(W)DISTORTION)
         58591 DISORDERED
          3477 THINKING
         14146 COGNITION
          3266 REASONING
             2 DISORDERED(W)(THINKING OR COGNITION OR REASONING)
L2           3 (COGNITIVE DISTORTION) OR (DISORDERED(W)(THINKING OR COGNITION
               OR REASONING))

=> s antipsychotic or neuroleptic or (dopamine sysstem stabilizer) or ziprasidone
or olanzapine or risperidone or iloperidone or perphenazine or trifluoroperazine

         10366 ANTIPSYCHOTIC
          7545 NEUROLEPTIC
         90563 DOPAMINE
             3 SYSSTEM
         88099 STABILIZER
             0 DOPAMINE SYSSTEM STABILIZER
               (DOPAMINE(W)SYSSTEM(W)STABILIZER)
           811 ZIPRASIDONE
          2488 OLANZAPINE
          2765 RISPERIDONE
            76 ILOPERIDONE
          1609 PERPHENAZINE
```

```
            465 TRIFLUOROPERAZINE
L3        19847 ANTIPSYCHOTIC OR NEUROLEPTIC OR (DOPAMINE SYSSTEM STABILIZER)
                OR ZIPRASIDONE OR OLANZAPINE OR RISPERIDONE OR ILOPERIDONE OR
                PERPHENAZINE OR TRIFLUOROPERAZINE

=> s antidepressant or (serotonin reuptake) or SSRI or fluoxetine norfluoxetine or
paroxetine or sertaline or fluvoxamine or bupropion or venlafaxine or duloxetine or
reboxetine

           21883 ANTIDEPRESSANT
           72949 SEROTONIN
           10202 REUPTAKE
            4395 SEROTONIN REUPTAKE
                   (SEROTONIN(W)REUPTAKE)
            1754 SSRI
            5981 FLUOXETINE
             425 NORFLUOXETINE
             135 FLUOXETINE NORFLUOXETINE
                   (FLUOXETINE(W)NORFLUOXETINE)
            3315 PAROXETINE
               6 SERTALINE
            1910 FLUVOXAMINE
            1480 BUPROPION
            1699 VENLAFAXINE
             597 DULOXETINE
             526 REBOXETINE
L4        27795 ANTIDEPRESSANT OR (SEROTONIN REUPTAKE) OR SSRI OR FLUOXETINE
                NORFLUOXETINE OR PAROXETINE OR SERTALINE OR FLUVOXAMINE OR BUPRO
                PION OR VENLAFAXINE OR DULOXETINE OR REBOXETINE

=> s l1 and l3

L5         1527 L1 AND L3

=> s l2 and l4

L6            1 L2 AND L4

=> s l5 and (PY<2003 or AY<2003 or PRY<2003)

       22908169 PY<2003
        4465644 AY<2003
        3944447 PRY<2003
L7          804 L5 AND (PY<2003 OR AY<2003 OR PRY<2003)

=> s l6 and (PY<2003 or AY<2003 or PRY<2003)

       22908169 PY<2003
        4465644 AY<2003
        3944447 PRY<2003
L8            1 L6 AND (PY<2003 OR AY<2003 OR PRY<2003)

=> file stnguide

COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       2.60       4.28

FILE 'STNGUIDE' ENTERED AT 15:08:50 ON 19 OCT 2007
USE IS SUBJECT TO THE TERMS OF YOUR CUSTOMER AGREEMENT
COPYRIGHT (C) 2007 AMERICAN CHEMICAL SOCIETY (ACS)

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Oct 12, 2007 (20071012/UP).
```

```
=> d l8 ti abs bib
YOU HAVE REQUESTED DATA FROM FILE 'HCAPLUS' - CONTINUE? (Y)/N:y


L8   ANSWER 1 OF 1  HCAPLUS  COPYRIGHT 2007 ACS on STN
TI   Combination therapy for depression, prevention of suicide, and various
     medical and psychiatric conditions
AB   The present invention relates to a new method of treatment for persons
     meeting diagnoses for major depressive disorder, or other unipolar
     (non-bipolar, nonpsychotic and non-treatment resistant) depression.  The
     method comprises administering a combination of two categories of drugs,
     antipsychotics or dopamine system stabilizers, in combination with a newer
     antidepressant such as a selective serotonin
     reuptake inhibitor, as initial treatment or as soon as possible.
     The method targets the prevention of suicide, and provides other benefits
     including preventing disease progression development of tolerance toward
     the antidepressants.  Another aspect of the invention relates to using the
     method for alleviating cognitive distortion and
     related functional impairment or health risks, and/or using the method for
     smoking cessation or nicotine withdrawal.
AN   2004:100942  HCAPLUS <<LOGINID::20071019>>
DN   140:139528
TI   Combination therapy for depression, prevention of suicide, and various
     medical and psychiatric conditions
IN   Migaly, Peter
PA   USA
SO   PCT Int. Appl., 28 pp.
     CODEN: PIXXD2
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
     --------------      ----   --------    --------------------   --------
PI   WO 2004010932       A2     20040205    WO 2003-US23326        20030725 <--
     WO 2004010932       A3     20040722
         W:  AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN,
             CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH,
             GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR,
             LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH,
             PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ,
             UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW
         RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY,
             KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES,
             FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR,
             BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG
     CA 2529857          A1     20040205    CA 2003-2529857        20030725 <--
     AU 2003268026       A1     20040216    AU 2003-268026         20030725 <--
     US 2004204401       A1     20041014    US 2003-627358         20030725 <--
     EP 1551393          A2     20050713    EP 2003-748977         20030725 <--
         R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
             IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK
     MX 2005PA00294      A      20050819    MX 2005-PA294          20050104 <--
PRAI US 2002-319436P     P      20020730  <--
     US 2003-627358      A      20030725
     WO 2003-US23326     W      20030725


=> file hcaplus
COST IN U.S. DOLLARS                            SINCE FILE      TOTAL
                                                  ENTRY     SESSION
FULL ESTIMATED COST                                0.12        9.89
```

```
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)        SINCE FILE      TOTAL
                                                     ENTRY    SESSION
CA SUBSCRIBER PRICE                                   0.00      -0.78

FILE 'HCAPLUS' ENTERED AT 15:10:58 ON 19 OCT 2007
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2007 AMERICAN CHEMICAL SOCIETY (ACS)


Copyright of the articles to which records in this database refer is
held by the publishers listed in the PUBLISHER (PB) field (available
for records published or updated in Chemical Abstracts after December
26, 1996), unless otherwise indicated in the original publications.
The CA Lexicon is the copyrighted intellectual property of the
the American Chemical Society and is provided to assist you in searching
databases on STN.  Any dissemination, distribution, copying, or storing
of this information, without the prior written consent of CAS, is
strictly prohibited.

FILE COVERS 1907 - 19 Oct 2007  VOL 147 ISS 18
FILE LAST UPDATED: 18 Oct 2007  (20071018/ED)

New CAS Information Use Policies, enter HELP USAGETERMS for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> s suicide or suicidal or (self-injury)

          6702 SUICIDE
          1307 SUICIDAL
        387360 SELF
        156175 INJURY
            79 SELF-INJURY
               (SELF(W)INJURY)
L9        7553 SUICIDE OR SUICIDAL OR (SELF-INJURY)

=> s l7 and l9

L10         20 L7 AND L9

=> file stnguide

COST IN U.S. DOLLARS                              SINCE FILE      TOTAL
                                                     ENTRY    SESSION
FULL ESTIMATED COST                                   2.60      12.49

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)        SINCE FILE      TOTAL
                                                     ENTRY    SESSION
CA SUBSCRIBER PRICE                                   0.00      -0.78

FILE 'STNGUIDE' ENTERED AT 15:11:00 ON 19 OCT 2007
USE IS SUBJECT TO THE TERMS OF YOUR CUSTOMER AGREEMENT
COPYRIGHT (C) 2007 AMERICAN CHEMICAL SOCIETY (ACS)

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Oct 12, 2007 (20071012/UP).

=> d l10 1-20 ti
YOU HAVE REQUESTED DATA FROM FILE 'HCAPLUS' - CONTINUE? (Y)/N:y
```

L10 ANSWER 1 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Method of using a cyclooxygenase 2 (COX-2) inhibitor and a 5-HT1A receptor modulator as a combination therapy for pain, inflammation, and other conditions

L10 ANSWER 2 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Nuclear receptors as diagnostic and risk markers for disease and as targets for therapy

L10 ANSWER 3 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions

L10 ANSWER 4 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.): XXIIIrd congress: Montreal, Canada, 23-27 June 2002

L10 ANSWER 5 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Depression and dysphoria in adult and adolescent patients with Tourette's disorder treated with risperidone

L10 ANSWER 6 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Further postmortem autoradiographic studies of AMPA receptor binding in schizophrenia

L10 ANSWER 7 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Severe depression: is there a best approach?

L10 ANSWER 8 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Prodynorphin and κ opioid receptor mRNA expression in the cingulate and prefrontal cortices of subjects diagnosed with schizophrenia or affective disorders

L10 ANSWER 9 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Does lithium exert an independent antisuicidal effect?

L10 ANSWER 10 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Treatment of suicidality in schizophrenia

L10 ANSWER 11 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI RNA Editing of the Human Serotonin 5-HT2C Receptor Alterations in Suicide and Implications for Serotonergic Pharmacotherapy

L10 ANSWER 12 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Olanzapine: Preclinical and clinical profiles of a novel antipsychotic agent

L10 ANSWER 13 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI The efficacy of atypical antipsychotics in the treatment of depressive symptoms, hostility, and suicidality in patients with schizophrenia

L10 ANSWER 14 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Pharmacologic treatment of schizophrenia

L10 ANSWER 15 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Psychiatric adverse events during vigabatrin therapy

L10 ANSWER 16 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Acute zolpidem overdose-report of two cases

L10 ANSWER 17 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Pharmacotherapy for personality disorders

L10 ANSWER 18 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Atypical antipsychotics for treatment of depression in schizophrenia and affective disorders

L10 ANSWER 19 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Dopamine D1 and D2 receptor binding sites in brain samples from depressed suicides and controls

L10 ANSWER 20 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Emerging clinical uses of clozapine

=> d l10 1 3 4 5 7 9 10 11 12 13 17 18 19 20 ti abs bib
YOU HAVE REQUESTED DATA FROM FILE 'HCAPLUS' - CONTINUE? (Y)/N:y

L10 ANSWER 1 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Method of using a cyclooxygenase 2 (COX-2) inhibitor and a 5-HT1A receptor modulator as a combination therapy for pain, inflammation, and other conditions
AB Compns. and methods to treat or prevent pain, inflammation, or inflammation-related disorder, as well as a neurol. disorder involving neurodegeneration involve a combination of a COX-2 inhibitor and a 5-HT1A receptor modulator.
AN 2004:452952 HCAPLUS <<LOGINID::20071019>>
DN 141:1296
TI Method of using a cyclooxygenase 2 (COX-2) inhibitor and a 5-HT1A receptor modulator as a combination therapy for pain, inflammation, and other conditions
IN Stephenson, Diane T.; Taylor, Duncan P.
PA Pharmacia Corporation, USA
SO PCT Int. Appl., 195 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2004045509	A2	20040603	WO 2003-US35739	20031111 <--
	WO 2004045509	A3	20040826		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	US 2004147581	A1	20040729	US 2003-702403	20031105 <--
	AU 2003295431	A1	20040615	AU 2003-295431	20031111 <--
PRAI	US 2002-427198P	P	20021118 <--		
	WO 2003-US35739	W	20031111		

L10 ANSWER 3 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions
AB The present invention relates to a new method of treatment for persons meeting diagnoses for major depressive disorder, or other unipolar (non-bipolar, nonpsychotic and non-treatment resistant) depression. The method comprises administering a combination of two categories of drugs, antipsychotics or dopamine system stabilizers, in

combination with a newer antidepressant such as a selective serotonin reuptake inhibitor, as initial treatment or as soon as possible. The method targets the prevention of suicide, and provides other benefits including preventing disease progression development of tolerance toward the antidepressants. Another aspect of the invention relates to using the method for alleviating cognitive distortion and related functional impairment or health risks, and/or using the method for smoking cessation or nicotine withdrawal.

AN 2004:100942 HCAPLUS <<LOGINID::20071019>>

DN 140:139528

TI Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions

IN Migaly, Peter

PA USA

SO PCT Int. Appl., 28 pp.
CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2004010932	A2	20040205	WO 2003-US23326	20030725 <--
	WO 2004010932	A3	20040722		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	CA 2529857	A1	20040205	CA 2003-2529857	20030725 <--
	AU 2003268026	A1	20040216	AU 2003-268026	20030725 <--
	US 2004204401	A1	20041014	US 2003-627358	20030725 <--
	EP 1551393	A2	20050713	EP 2003-748977	20030725 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
	MX 2005PA00294	A	20050819	MX 2005-PA294	20050104 <--
PRAI	US 2002-319436P	P	20020730 <--		
	US 2003-627358	A	20030725		
	WO 2003-US23326	W	20030725		

L10 ANSWER 4 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN

TI Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.): XXIIIrd congress: Montreal, Canada, 23-27 June 2002

AB A review. The goal of the 23rd Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.) Congress was to unite the preclin. knowledge and clin. experience of the basic scientists and psychiatrists, researchers and clinicians into understanding of the neurobiol. basis of mental disorders, to critically evaluate the data from in vitro to in vivo animal models, to extrapolate these data, if possible and with caution, into better comprehending of the biol. basis of pathophysiol., to improve the treatment of psychiatric disorders, and to achieve total remission, not only a response in patients and to reduce the occurrence of adverse effects of neurotropic drugs. The main topics of the congress were depression, apathy, schizophrenia, PTSD, AD, panic disorders, GAD, attention deficit/hyperactivity disorders, alcoholism, bipolar disorders, eating disorders and suicide. The news were that chronic smoking has some similar effects like the effects of antidepressant in MDD, some new combinations of SSRIs with atypical antypsychotics in the treatment of depression, combinations of SSRI with olanzapine in the treatment of nonpsychotic but treatment

resistant PTSD, and some potentially new antidepressants, like SPAs and CRF1 receptor antagonists. The congress focused on the treatment considerations in elderly, the adverse effects of psychotropic drugs, especially effects on plasma lipids and plasma glucose, and cardiovascular effects of psychotropic drugs.

AN 2003:26534 HCAPLUS <<LOGINID::20071019>>
DN 139:143028
TI Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.): XXIIIrd congress: Montreal, Canada, 23-27 June 2002
AU Pivac, Nela; Muck-Seler, Dorotea
CS Can.
SO Psychiatria Danubina (2002), 14(3-4), 231-242
CODEN: PSYDEI; ISSN: 0353-5053
PB Mediciniska Naklada
DT Journal; General Review
LA English

L10 ANSWER 5 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Depression and dysphoria in adult and adolescent patients with Tourette's disorder treated with risperidone
AB Depression is a common comorbid condition in patients with Tourette's disorder. While risperidone is not usually known to induce dysphoria or depression in patients treated for other psychiatric disorders, previous short-term 4- to 12-wk trials of risperidone for Tourette's disorder have reported a 2.6% to 30.8% incidence of depression. A retrospective study was carried out in 58 adult and adolescent patients with Tourette's disorder (Tourette Syndrome Classification Study Group diagnosis) who received risperidone between Jan. 1, 1993, and Dec. 31, 2000, at the Allan Memorial Institute, McGill University Health Center, Montreal, Quebec, Canada. Charts of all patients were examined for evidence of, and risk factors for, DSM-IV-defined major depressive disorder (MDD) or dysphoria. Seventeen (29.3%) of 58 patients developed MDD, including 1 patient who later committed suicide and 13 patients (22.4%) who became dysphoric while taking risperidone. Nine of the 17 patients who developed MDD were relapses, i.e., patients with a history of depression prior to taking risperidone, while the remainder were new cases, i.e., patients with no previous history of depression. A pos. personal history of MDD was the only factor to significantly ($p < .001$) predict the development of depression while taking risperidone. Seventy percent of those who developed MDD or dysphoria and discontinued risperidone did so specifically as a result of this adverse event. MDD and dysphoria commonly occurred in this cohort of adult and adolescent Tourette's disorder patients treated with risperidone, particularly in patients with a previous history of depression. Depression and dysphoria were frequent reasons for risperidone discontinuation.
AN 2002:966350 HCAPLUS <<LOGINID::20071019>>
DN 138:19417
TI Depression and dysphoria in adult and adolescent patients with Tourette's disorder treated with risperidone
AU Margolese, Howard C.; Annable, Lawrence; Dion, Yves
CS Clinical Psychopharmacology Unit, Allan Memorial Institute, McGill University Health Center, Montreal, QC, Can.
SO Journal of Clinical Psychiatry (2002), 63(11), 1040-1044
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
RE.CNT 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 7 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Severe depression: is there a best approach?
AB A review. A major depressive episode can be categorized as severe based on depressive symptoms, scores on depression rating scales, the need for hospitalization, depressive subtypes, functional capacity, level of suicidality and the impact that the depression has on the patient. Several biol., psychol. and social factors, and the presence of comorbid psychiatric or medical illnesses, impact on depression severity. A number of factors are reported to influence outcome in severe depression, including duration of illness before treatment, severity of the index episode, treatment modality used, and dosage and duration of and compliance with treatment. Potential complications of untreated severe depression include suicide, self-mutilation and refusal to eat, and treatment resistance. Several antidepressants have been studied in the treatment of severe depression. These include tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin-noradrenaline (norepinephrine) reuptake inhibitors, noradrenergic and specific serotonergic antidepressants, serotonin 5-HT2 receptor antagonists, monoamine oxidase inhibitors, and amfebutamone (bupropion). More recently, atypical antipsychotics have shown some utility in the management of severe and resistant depression. Data on the differential efficacy of TCAs vs. SSRIs and the newer antidepressants in severe depression are mixed. Some studies have reported that TCAs are more efficacious than SSRIs; however, more recent studies have shown that TCAs and SSRIs have equivalent efficacy. There are reports that some of the newer antidepressants may be more effective than SSRIs in the treatment of severe depression, although the sample sizes in some of these studies were small. Combination therapy has been reported to be effective. The use of an SSRI-TCA combination, while somewhat controversial, may rapidly reduce depressive symptoms in some patients with severe depression. The combination of an antidepressant and an antipsychotic drug is promising and may be considered for severe depression with psychotic features. Although the role of cognitive behavior therapy (CBT) in severe depression has not been adequately studied, a trial of CBT may be considered in severely depressed patients whose symptoms respond poorly to an adequate antidepressant trial, who are intolerant of antidepressants, have contraindications to pharmacotherapy, and who refuse medication or other somatic therapy. A combination of CBT and antidepressants may also be beneficial in some patients. Electroconvulsive therapy (ECT) may be indicated in severe psychotic depression, severe melancholic depression, resistant depression, and in patients intolerant of antidepressant medications and those with medical illnesses which contraindicate the use of antidepressants (e.g. renal, cardiac or hepatic disease).
AN 2001:908128 HCAPLUS <<LOGINID::20071019>>
DN 136:193477
TI Severe depression: is there a best approach?
AU Sonawalla, Shamsah B.; Fava, Maurizio
CS Depression Clinical and Research Program, Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA
SO CNS Drugs (2001), 15(10), 765-776
CODEN: CNDREF; ISSN: 1172-7047
PB Adis International Ltd.
DT Journal; General Review
LA English
RE.CNT 105 THERE ARE 105 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 9 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Does lithium exert an independent antisuicidal effect?
AB Aim of study: Recent investigations have indicated that adequate lithium

treatment lowers the suicide mortality associated with affective illness. One important question is whether the mechanism by which lithium prophylaxis may be effective in prolonging survival can be explained exclusively in terms of successful protection against the recurrence of depressive episodes, or whether one should consider an independent anti-suicidal factor. Methods: We investigated a group of high-risk patients with recurrent affective disorders (n = 167) who had committed one or more suicide attempts before the start of lithium prophylaxis within a collaborative project by the International Group for the Study of Lithium Treated Patients (IGSLI). According to their recurrence-related response to long-term lithium prophylaxis, patients were classified into three groups: excellent (n = 45), moderate (n = 81) and poor responders (n = 41). Only depressive episodes resulting into hospitalisation were considered. A marked reduction in the number of suicide attempts was observed in the excellent lithium responders. However, we also found that over 80% of moderate responders and nearly 50% of poor responders did not exhibit any further suicidal behavior during lithium treatment. Furthermore, we could demonstrate a significant reduction of suicide attempts per yr as compared to a corresponding pre-lithium period in all three groups (0.10 vs. 0.33, 0.06 vs. 0.27, 0.02 vs. 0.26). There were four suicides in this high-risk group, corresponding to a suicide-related standardized mortality ratio (SMR) of 13.7. This contrasts sharply with an expected suicide SMR of approx. 100 in this population. Suicide risk was not related to the recurrence-preventing effect. Conclusion: The reduction in suicide attempts, in both responders and non-responders, indicates that lithium possesses a specific anti-suicidal effect besides its mood-stabilizing property.

AN 2001:622392 HCAPLUS <<LOGINID::20071019>>
DN 135:339133
TI Does lithium exert an independent antisuicidal effect?
AU Ahrens, B.; Muller-Oerlinghausen, B.
CS Department of Psychiatry, Freie Universitat Berlin, Berlin, Germany
SO Pharmacopsychiatry (2001), 34(4), 132-136
CODEN: PHRMEZ; ISSN: 0176-3679
PB Georg Thieme Verlag
DT Journal
LA English
RE.CNT 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 10 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Treatment of suicidality in schizophrenia
AB A review with 48 refs. Between 4 and 13% of people with schizophrenia commit suicide and between 25 and 50% make a suicide attempt, a reflection of the devastating toll this syndrome takes on the quality of life, i.e., the subjective and objective sense of well-being. Many risk factors for suicide in schizophrenia have been identified, the most important of which are previous suicide attempts, depression, hopelessness, substance abuse, and male gender. Insight into having a serious mental illness and less severe cognitive impairment are also associated with increased risk for suicide in schizophrenia, most likely when accompanied by feelings of hopelessness. Typical neuroleptic drugs have not been shown to reduce the risk of suicide. However, several types of evidence suggest that clozapine, an atypical antipsychotic drug, appreciably reduces the suicide attempt and completion rates in schizophrenia and schizo-affective disorder, perhaps by as much as 75-85%. Other atypical antipsychotic drugs may have a similar effect, but direct evidence is lacking. Improvement in pos. and neg. symptoms, reduced extrapyramidal side effects (EPS), a direct antidepressant action, improved cognitive function, and improved compliance may contribute to reduced suicidality. The International Suicide Prevention Trial

(InterSePT) is a large prospective, randomized study intended to compare the effectiveness of clozapine with that of olanzapine in reducing suicide and suicide-related events in schizophrenic and schizoaffective patients. Some information about suicidality in the patient sample is reported here.

AN 2001:480353 HCAPLUS <<LOGINID::20071019>>
DN 135:266558
TI Treatment of suicidality in schizophrenia
AU Meltzer, Herbert Y.
CS Division of Psychopharmacology, Vanderbilt University School of Medicine, Nashville, TN, 37212, USA
SO Annals of the New York Academy of Sciences (2001), 932(Clinical Science of Suicide Prevention), 44-60
CODEN: ANYAA9; ISSN: 0077-8923
PB New York Academy of Sciences
DT Journal; General Review
LA English
RE.CNT 48 THERE ARE 48 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 11 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI RNA Editing of the Human Serotonin 5-HT2C Receptor Alterations in Suicide and Implications for Serotonergic Pharmacotherapy
AB RNA encoding the human serotonin 5-HT2C receptor (5-HT2CR) undergoes adenosine-to-inosine RNA editing events at five positions, resulting in an alteration of amino acids in the second intracellular loop. Several edited 5-HT2CRs possess a reduced G-protein coupling efficiency compared to the completely non-edited isoform. The current studies show that the efficacy of the hallucinogenic drug lysergic acid diethylamide and of antipsychotic drugs is regulated by RNA editing, suggesting that alterations in editing efficiencies or patterns might result in the generation of a 5-HT2CR population differentially responsive to serotonergic drugs. An examination of the efficiencies of RNA editing of the 5-HT2CR in prefrontal cortex of control individuals vs. subjects diagnosed with schizophrenia or major depressive disorder revealed no significant differences in RNA editing among the three populations. However, subjects who had committed suicide (regardless of diagnosis) exhibited a statistically significant elevation of editing at the A-site, which is predicted to change the amino acid sequence in the second intracellular loop of the 5-HT2CR. These findings suggest that alterations in RNA editing may contribute to or complicate therapy in certain psychiatric disorders.
AN 2001:219717 HCAPLUS <<LOGINID::20071019>>
DN 135:316832
TI RNA Editing of the Human Serotonin 5-HT2C Receptor Alterations in Suicide and Implications for Serotonergic Pharmacotherapy
AU Niswender, C. M.; Herrick-Davis, K.; Dilley, G. E.; Meltzer, H. Y.; Overholser, J. C.; Stockmeier, C. A.; Emeson, R. B.; Sanders-Bush, E.
CS Department of Pharmacology, Vanderbilt University, Nashville, TN, USA
SO Neuropsychopharmacology (2001), 24(5), 478-491
CODEN: NEROEW; ISSN: 0893-133X
PB Elsevier Science Inc.
DT Journal
LA English
RE.CNT 42 THERE ARE 42 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 12 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Olanzapine: Preclinical and clinical profiles of a novel antipsychotic agent
AB A review with 278 refs. The novel antipsychotic agent olanzapine (Zyprexa, Eli Lilly and Company) is a thienobenzodiazepine analog marketed for the treatment of schizophrenia. Olanzapine's diverse receptor binding profile and greater affinity

for serotonin receptors over dopamine receptors is thought to impart antipsychotic efficacy with a low incidence of serious extrapyramidal symptoms (EPS). With once daily dosing steady-state plasma concns. reached within approx. 1 wk. Olanzapine is extensively metabolized by the liver, is mostly excreted in the urine, and has few drug intractions. In clin. trials, the efficacy of olanzapine for treating schizophrenia is better than placebo and haloperidol and comparable to risperidone. Olanzapine may also ameliorate some comorbid symptoms including neg. symptoms, depression, anxiety, substance abuse, and cognitive dysfunction, and it is effective in the long-term maintenance of response, treatment-resistance, and improving quality of life. The overall direct costs are lower with olanzapine treatment compared with haloperidol or risperidone treatment. In clin. trials, olanzapine demonstrates a favorable safety profile. The most frequently reported treatment-emergent adverse events are somnolence, schizophrenic reaction, insomnia, headache, agitation, rhinitis, and weight gain. Significantly fewer EPS (based on formal rating scales) and incidences of tardive dyskinesia have been reported for olanzapine compared with haloperidol. Olanzapine has not been associated with persistent elevations of prolactin above the upper limit of normal nor has it been associated with clin. significant changes in cardiac QTc interval. Fewer incidences of suicide attempts have been reported with olanzapine compared with placebo, haloperidol, or risperidone treatments. There is evidence that olanzapine may be effective in the treatment of mood disorders, psychosis associated with. Alzheimer's disease, obsessive-compulsive disorder, pervasive developmental disorders, and delirium. Patients with schizophrenia have been successfully switched from other antipsychotics to olanzapine . In conclusion, olanzapine offers a significantly improved risk-to-benefit profile compared with haloperidol and possibly risperidone, and thus should be considered an important treatment option for schizophrenia and related disorders.

AN 2001:49031 HCAPLUS <<LOGINID::20071019>>
DN 135:86379
TI Olanzapine: Preclinical and clinical profiles of a novel antipsychotic agent
AU Tollefson, Gary D.; Taylor, Cindy C.
CS Lilly Research Laboratories Lilly Corporate Center, Eli Lilly and Company, Indianapolis, IN, 46285, USA
SO CNS Drug Reviews (2000), 6(4), 303-363
CODEN: CDREFB; ISSN: 1080-563X
PB Neva Press
DT Journal; General Review
LA English
RE.CNT 278 THERE ARE 278 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 13 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI The efficacy of atypical antipsychotics in the treatment of depressive symptoms, hostility, and suicidality in patients with schizophrenia
AB A review with 80 refs. Depressive symptoms and syndromal depression commonly occur in patients with schizophrenia. Schizophrenia is also associated with aggression directed at self and others. For this article, the available literature regarding the efficacy of clozapine, risperidone, olanzapine, quetiapine, and ziprasidone in the treatment of depression, hostility, and suicidality in patients with schizophrenia was reviewed. These studies suggest that atypical antipsychotics may exert therapeutic effects on depression and hostility as well as psychosis and that clozapine and olanzapine may reduce suicidality in patients with schizophrenia. These therapeutic actions appear to represent addnl. advantages of atypical antipsychotics compared with standard agents.

AN 2000:243330 HCAPLUS <<LOGINID::20071019>>
DN 132:260034
TI The efficacy of atypical antipsychotics in the treatment of depressive symptoms, hostility, and suicidality in patients with schizophrenia
AU Keck, Paul E., Jr.; Strakowski, Stephen M.; McElroy, Susan L.
CS Biological Psychiatry and Psychotic Disorders Research Programs, Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, OH, 45267-0559, USA
SO Journal of Clinical Psychiatry (2000), 61(Suppl. 3), 4-9
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
RE.CNT 80 THERE ARE 80 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 17 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Pharmacotherapy for personality disorders
AB A review with 27 refs. Double-blind, placebo-controlled trials of pharmacotherapy for personality disorders (PD) were reviewed, and the indications concluded were as follows: (1) Severe cases of both Borderline Personality Disorder (BDP) and Schizotypal Personality Disorder (SPD) respond to low dose antipsychotic drugs resulting in improvement of a broad spectrum of symptoms. They also respond to monoamine oxidase inhibitor (MAOI). Amitriptyline causes a paradoxical effect. (2) Borderline personality disorder with behavioral dyscontrol responds to carbamazepine which reduces actual episodes of dyscontrol, to an antipsychotic drug and to MAOI. Alprazolam is associated with an increase in suicidality and dyscontrol. Borderline personal disorder or Histrionic Personality Disorder with a tendency to suicide, responds to a depot antipsychotic drug. Personality disorders with aggressive behavior respond to lithium. Moderately severe PD with explosive behavior respond to oxazepam, but at a dose where the side effect is sedation. (3) Borderline personality disorder and SPD with psychotic symptoms respond to an antipsychotic drug which improves psychotic symptoms as well as neurotic symptoms. Emotionally Unstable Character Disorder with a disturbance of mood swings, responds to lithium. Adolescent PD respond to an antipsychotic drug. (4) Comorbid atypical depression of histrionic personality and BPD respond to MAOI or imipramine. Comorbid neurotic disorder of PD responds to dothiepin. Comorbid social phobia of avoidant and dependent PD responds to MAOI.
AN 1999:242296 HCAPLUS <<LOGINID::20071019>>
DN 130:305904
TI Pharmacotherapy for personality disorders
AU Hori, Akira
CS Department of Psychiatry, National Center Hospital for Mental, Nervous and Muscular Disorders, Tokyo, 187, Japan
SO Psychiatry and Clinical Neurosciences (1998), 52(1), 13-19
CODEN: PCNEFP; ISSN: 1323-1316
PB Blackwell Science Asia Pty Ltd.
DT Journal; General Review
LA English
RE.CNT 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 18 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Atypical antipsychotics for treatment of depression in schizophrenia and affective disorders
AB A review with 28 refs. Depression in schizophrenia may be partially responsible for the increased suicide rate in schizophrenic patients, which is >20 times higher than that found in the general population. Affective disorders in patients with schizophrenia

are associated with a poor outcome, an increased risk of relapse, and a high rate of suicide. There is evidence that atypical antipsychotics may contribute to a reduction in suicidality, and although the new drugs are marketed for the treatment of schizophrenia, their novel psychopharmacol. effects suggest the possibility of other therapeutic applications. Recent studies of the efficacy of the novel antipsychotics found that these agents may produce an antidepressant effect in schizophrenia and may be used as either an adjunctive medication or an alternative to mood stabilizers in patients with affective disorders.

AN 1998:683702 HCAPLUS <<LOGINID::20071019>>
DN 130:89886
TI Atypical antipsychotics for treatment of depression in schizophrenia and affective disorders
CS Collaborative Working Group on Clinical Trial Evaluations, USA
SO Journal of Clinical Psychiatry (1998), 59(Suppl. 12), 41-45
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
RE.CNT 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 19 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Dopamine D1 and D2 receptor binding sites in brain samples from depressed suicides and controls
AB Dopamine D1 and D2 receptors were measured (by saturation binding of [3H]SCH23390 and [3H]raclopride) in caudate, putamen, and nucleus accumbens obtained at post-mortem from suicide victims with a firm retrospective diagnosis of depression and from matched controls. There were no differences in the number or affinity of D1 or D2 receptors between suicides who had been free of antidepressants for at least three months prior to death, and controls. Increased nos. and decreased affinity of D2 receptors were however found in each brain region of antidepressant-treated suicides. The authors argue that these increases are related to concurrent treatment with neuroleptics rather than a direct effect of antidepressants. Increased nos. of D1 receptors in antidepressant-treated suicides were seen only in nucleus accumbens. This increase could not be clearly attributed to neuroleptics and may be related to antidepressant treatment.
AN 1997:156626 HCAPLUS <<LOGINID::20071019>>
DN 126:262681
TI Dopamine D1 and D2 receptor binding sites in brain samples from depressed suicides and controls
AU Bowden, Christine; Theodorou, Andreas E.; Cheetham, Sharon C.; Lowther, Sandra; Katona, Cornelius L. E.; Crompton, M. Rufus; Horton, Roger W.
CS Department of Pharmacology and Clinical Pharmacology, St. George's Hospital Medical School, London, UK
SO Brain Research (1997), 752(1,2), 227-233
CODEN: BRREAP; ISSN: 0006-8993
PB Elsevier
DT Journal
LA English
RE.CNT 51 THERE ARE 51 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L10 ANSWER 20 OF 20 HCAPLUS COPYRIGHT 2007 ACS on STN
TI Emerging clinical uses of clozapine
AB A review with .apprx.76 refs. Clozapine may be useful in a variety of neuropsychiatric disorders other than neuroleptic-resistance or intolerance in schizophrenia despite the approx. 1% risk of granulocytopenia or agranulocytosis. Its advantages over typical neuroleptics in efficacy and side effect profile appear to apply for a variety of other disorders in which it has been used and clin. useful. These include refractory mania, psychotic depression, organic

psychoses, aggression in psychotic patients, dopaminomimetic-induced psychosis, schizophrenia with hyponatremia and polydipsia, suicidal schizophrenics, mental retardation with schizophrenia, and borderline personality disorder. Neuroleptic-responsive schizophrenia should also be considered a potential indication for clozapine by carefully considering the potential benefits vs. risks and costs.

AN 1997:79872 HCAPLUS <<LOGINID::20071019>>

DN 126:165988

TI Emerging clinical uses of clozapine

AU Meltzer, H. Y.; Ranjan, R.; Lee, M. A.; Kennedy, J.

CS Laboratory of Biological Psychiatry, Department of Psychiatry, Case Western Reserve University School of Medicine, Cleveland, OH, USA

SO Reviews in Contemporary Pharmacotherapy (1995), 6(4), 187-196
CODEN: RCPHFW; ISSN: 0954-8602

PB Marius Press

DT Journal; General Review

LA English

RE.CNT 77 THERE ARE 77 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT